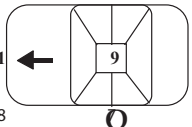
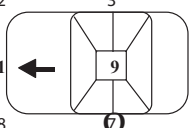


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/14/2020	Time of Crash 13:25 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			EAST 134 OTIS ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street _____							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000155	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company LM GENERAL			Reg # 4JC240 Reg Type PAN Reg State MA Veh Year 2009 Veh Make HONDA Veh Config. 2 20 Owner WARD MARY-TARA Address 33 JOSEPH RD City NEWTON State MA Zip 02460 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N							
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 11 Totaled 							
Please fill out for operator and all occupants involved			13							
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility			Operator See Above -----							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			1							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company USAA CASUALTY			Reg # 3SYZ81 Reg Type PAN Reg State MA Veh Year 2011 Veh Make KIA Veh Config. 2 20 Owner PROSKAUER DAN Address 240 DERBY ST City NEWTON State MA Zip _____ Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N							
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 11 Totaled 							
Please fill out for operator and all occupants involved			13							
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility			Operator/Non-Motorist See Above -----							

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/14/2020		Time of Crash 13:25 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____								11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____									
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000155							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsement _____				Reg # UNKOWN Reg Type PAN Reg State MA Veh Year _____ Veh Make UNKOWN Veh Config. <input type="checkbox"/> 97 <input type="checkbox"/> 20								12	
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N				Event Sequence <input type="checkbox"/> 2 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 2 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 23								13	
Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed N									
Please fill out for operator and all occupants involved													
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility													
Operator See Above													
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsement _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20									
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 2 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 23									
Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed _____									
Please fill out for operator and all occupants involved													
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility													
Operator/Non-Motorist See Above													

